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	Paper No.:
DATE : <u>(a//(a/05</u>	
TO SPE OF : ART UNIT 2671	<del>_</del>
SUBJECT : Request for Certificate of Cor	rection on Patent No.: <u>6850244</u>
A response is requested with respect to the	e accompanying request for a certificate of correction.
Please complete this form and retum w	rith file, within 7 days to:
Palm location <b>7580, Certificates of Co</b>	rrection Branch – South Tower – 9A22
If response is for an IFW, <mark>return to em</mark> MADRAS.	ployee (named below) via PUBSCofC Team in
With respect to the change(s) requested, on patent read as shown in the certificate of control should the scope or meaning of the claims be control.	correcting Office and/or Applicant's errors, should the orrection (COCIN)? No new matter should be introduced, nor shanged.
	Lamonte M. Newsome
Thank You For Your Assistance	Certificates of Correction Branch
	Tel. No. 703-305-8309
<del>-</del>	
<del>-</del>	
The request for issuing the above-id  Note your decision on the appropriate box.  Approved  Approved in Part	entified correction(s) is hereby:
Note your decision on the appropriate box.  Approved	entified correction(s) is hereby:  All changes apply.
Approved  Approved in Part  Denied	entified correction(s) is hereby:  All changes apply.  Specify below which changes do not apply.
Approved  Approved in Part  Denied	entified correction(s) is hereby:  All changes apply.  Specify below which changes do not apply.
Approved  Approved in Part  Denied	entified correction(s) is hereby:  All changes apply.  Specify below which changes do not apply.
Approved  Approved in Part  Denied	entified correction(s) is hereby:  All changes apply.  Specify below which changes do not apply.
Approved  Approved in Part	entified correction(s) is hereby:  All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
Approved  Approved in Part  Denied	entified correction(s) is hereby:  All changes apply.  Specify below which changes do not apply.